

MDR Tracking Number: M5-04-1427-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution - General and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. The dispute was received on 1-21-04.

The Division has reviewed the enclosed IRO decision and determined that **the requestor did not prevail** on the majority of the medical necessity issues. Therefore, the requestor is not entitled to reimbursement of the IRO fee.

The IRO has determined that the following services and dates of service **were** medically necessary:

- **CPT code 97010**: Hot/cold packs therapy from 5/22/03 through 6/6/03
- **CPT code 97032**: Electrical stimulation (one unit) from 5/22/03 through 6/11/03
- **CPT code 99213**: Level III office visits on 6/4/03 and 7/23/03
- **CPT code 99455-RP**: Report review/special service on 7/31/03
- **CPT code 97110**: Therapeutic exercises (1 unit) from 5/22/03 through 6/4/03
- **CPT code 97110**: Therapeutic exercises (2 units) from 6/6/03 through 7/1/03
- **CPT code 99250**: Myofascial release on 6/17/03
- **CPT code 97124**: Massage therapy (2 units) on 6/24/03

The following services and dates of service **were not found** to be medically necessary:

- **CPT code 99213**: Level III office visits from 5/22/03 through 5/30/03 and 6/6/03 through 7/1/03
- **CPT code 97110**: One unit of therapeutic exercises on 5/22/03, 5/30/03, 6/4/03, 6/20/03, and 3 units on 5/29/03
- **CPT code 97018**: Paraffin bath from 5/22/03 through 6/20/03
- **CPT code 97032**: Electrical stimulation (1 unit) from 5/22/03 through 6/11/03
- **CPT code 97750-MT**: Muscle testing on 6/4/03

- **CPT code 97124:** Massage therapy (1 unit) on 6/24/03

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The respondent raised no other reasons for denying reimbursement for the above listed services.

Based on review of the disputed issues within the request, the Medical Review Division has determined that **medical necessity was not the only issue** to be resolved. This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division.

On March 30, 2004, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

CPT code 99080-73 for dates of service 6/18/03 and 7/23/03 was denied by the carrier with "F"-fee guideline MAR reduction, however, no payment was made. Review of the reconsideration HCFA reflected proof of submission. The Medical Review Division has jurisdiction in this matter, therefore **reimbursement is recommended** in the amount of \$30.

CPT code 95851 for date of service 4/29/03 was denied by the carrier with "G"-unbundling. However, according to the 1996 Medical Fee Guidelines, global fees only apply to surgical procedures only (per Surgery Ground Rules). **Reimbursement is recommended** in the amount of \$36.

CPT code 97750-MT for date of service 5/9/03 was denied by the carrier with "G"-unbundling. However, according to the 1996 Medical Fee Guidelines, global fees only apply to surgical procedures (per Surgery Ground Rules). **Reimbursement is recommended** in the amount of \$43.

On this basis, and pursuant to §§402.042, 413.016, 413.031, and 413.019 of the Act, the Medical Review Division hereby ORDERS the respondent to pay the unpaid medical fees in accordance with the fair and reasonable rate as set forth in Commission Rule 133.1(a)(8) plus all accrued interest due at the time of payment to the requestor within 20 days of receipt of this order. This Order is applicable to dates of service 4/29/03 through 7/31/03 as outlined above in this dispute.

The respondent is prohibited from asserting additional denial reasons relative to this Decision upon issuing payment to the requestor in accordance with this Order (Rule 133.307(j)(2)).

This Decision and Order is hereby issued this 13th day of October 2004.

Regina L. Cleave
Medical Dispute Resolution Officer
Medical Review Division

**NOTICE OF INDEPENDENT REVIEW DETERMINATION
REVISED 3/26/04**

MDR Tracking Number: M5-04-1427-01
IRO Certificate Number: 5259

March 18, 2004

An independent review of the above-referenced case has been completed by a chiropractic doctor. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by Texas Medical Foundation, or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

Sincerely,

CLINICAL HISTORY

Patient is a 23-year-old female who was injured on ___. While lifting a sheet of rather heavy aluminum, she developed pain in her right wrist that referred to her elbow and later to her neck. She presented to a doctor of chiropractic who began conservative treatment and when her response was limited, she was referred for multiple injections. In October 2003, a median nerve release was performed.

REQUESTED SERVICE(S)

Office visits (99213), therapeutic exercises (97110), paraffin bath (97018), electrical stimulation, constant attendance (97032), hot/cold packs (97010), muscle testing (97750-MT), myofascial release (97250), massage therapy (97124), and report review/special services (99455-RP) for dates of service 05/22/03 through 07/31/03

DECISION

All hot/cold pack applications (97010) are approved. The electrical stimulation, constant attendance (97032), is approved for one unit only through 06/11/03. Office visits (99213) are approved on only 06/04/03 and 07/23/03. The report review/special service (99455-RP) is approved. Only one unit of therapeutic exercise (97110) through 06/04/03 is approved, and then only two units are approved from 06/06/03 through 07/01/03. The myofascial release (97250) performed on 06/17/03 is approved, and only two units of massage therapy (97124) performed on 06/24/03 are approved.

All remaining procedures and services are denied.

RATIONALE/BASIS FOR DECISION

The muscle testing for date of service 06/04/03 was not medically necessary because it would have been a component of the expanded problem focused Evaluation and Management (E/M) service performed on the same date, even though a separate report was generated.

The therapeutic exercise was approved for only one unit initially, and then for a maximum of two units after the first three weeks of care, because the diagnosis submitted did not support the need for such prolonged exercise delivery, and because it was such a relatively small area that received treatment. The same rationale was applied in the denial of more than one unit of attended electrical stimulation, and more than two units of massage therapy.

The paraffin bath treatments were also denied as not medically necessary because the findings of the electrodiagnostic testing, as well as those of Dr. P's examination, revealed diminished sensory response over the affected area, a contraindication for paraffin usage.

Insofar as the office visits are concerned, it was both reasonable and medically necessary that periodic evaluations were performed to monitor the patient's progress, but the diagnosis submitted did not support that an expanded problem focused E/M service be provided on every patient encounter. Therefore, only the office visits for dates of service 06/04/03 and 07/23/03 were deemed medically necessary.